

Idaho Department of Juvenile Corrections

CONTRACT PROVIDER  
JUVENILE CHECK-OUT FORM

**Section I-Contract Provider**

Name: \_\_\_\_\_ IJOS #: \_\_\_\_\_ Date: \_\_\_\_\_

Contract Provider: \_\_\_\_\_

Anticipated Departure Date: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_

Type of Movement: ☐ Transfer ☐ FFT ☐ Release from IDJC

Name, Address, & Phone of Person/Facility to Which Juvenile Will be Released/Transferred:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Administrator \_\_\_\_\_ Date \_\_\_\_\_

**Section II-Contract Provider**

Medical \_\_\_\_\_ Date \_\_\_\_\_

Medication Upon Leaving? Yes ☐ No ☐

Fiscal \_\_\_\_\_ Date \_\_\_\_\_

Student has funds upon leaving? Yes ☐ No ☐

Juvenile's Fund Balance: \_\_\_\_\_

Less Restitution: \_\_\_\_\_

Total Balance Due: \_\_\_\_\_

Case Manager/Therapist \_\_\_\_\_ Date \_\_\_\_\_

Education \_\_\_\_\_ Date \_\_\_\_\_

Achievement post-testing completed? Yes ☐ No ☐

**Section III-IDJC**

Juvenile's Fund Balance: \_\_\_\_\_ Date Warrant(s) Mailed: \_\_\_\_\_

Total Restitution Paid: \_\_\_\_\_ Date This Form Faxed to Facility: \_\_\_\_\_

Fiscal Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section IV-IDJC**

☐ Standard release from contract provider

☐ Staging pending release. If staging pending transfer or release, describe staging points and dates:

☐ FFT or additional services release

\_\_\_\_\_  
Date of release and JSC's initials

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**Section V-Contract Provider/IDJC**

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I hereby affirm that I have received all personal possessions, clothing, belongings, and money or funds due me from the contract provider.

1. \_\_\_\_\_  
Juvenile Date & Time

1. \_\_\_\_\_  
Staff Transporter (if applicable) Date & Time

2. \_\_\_\_\_  
Juvenile Date & Time

2. \_\_\_\_\_  
Staff Transporter (if applicable) Date & Time

3. \_\_\_\_\_  
Juvenile Date & Time

3. \_\_\_\_\_  
Staff Transporter (if applicable) Date & Time

4. \_\_\_\_\_  
Juvenile Date & Time

4. \_\_\_\_\_  
Staff Transporter (if applicable) Date & Time

1. \_\_\_\_\_  
Staff Witness Date & Time

1. \_\_\_\_\_  
Parent/Guardian Date & Time

2. \_\_\_\_\_  
Staff Witness Date & Time

2. \_\_\_\_\_  
Parent/Guardian Date & Time

3. \_\_\_\_\_  
Staff Witness Date & Time

3. \_\_\_\_\_  
Parent/Guardian Date & Time

4. \_\_\_\_\_  
Staff Witness Date & Time

4. \_\_\_\_\_  
Parent/Guardian Date & Time

**Contract Provider:** Immediately upon a juvenile leaving, please fax this form to the appropriate district Juvenile Services Coordinator's office.